

Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM CERTIFICATED COMPANY INFORMATION FEIN/ Company Name: DCT Telecpm Group, Inc. Telephone #440-892-0300 DBA/FKA: Mailing Address: 107 W Michigan Ave, 4th Floor ZIP Code: 49007 State: MI City: Kalamazoo CLEC Wireless ETC IXCX **ILEC** REGISTERED AGENT INFORMATION Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street ZIP Code: 49401 State: SC City: Charleston

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFORMAT	ION
General Manager			
Name: Michael Litten			
Address: 27877 Clemens Ro	oad		
City: Westlake		State: OH	ZIP Code: 44145
Phone: 440-892-0300	Email: mlitt	en@4dct.com	Fax: 440-892-2850
Emergency Contact -			
Name:			
Phone:	Email:		Fax:
Customer Relations/C	omplaints Rep		
Name: Amy Buckley			
Address: 27877 Clemens Ro	oad		
City: Westlake		State: OH	ZIP Code: 44145
Phone: 888-404-4328	Email:	5	Fax:
Complaints Rep for Co	mplaint Escala	tion	
Name: Amy Buckley			
Address: 27877 Clemens R	Road		
City: Westlake		State: OH	ZIP Code: 44145
Phone: 888-404-4328	Email:		Fax:
Customer Toll Free Co	ntact Number:		
Engineering Operation	ns		
Name:			
Address:			
City:		State:	ZIP Code: FCEIVE
Phone:	Email:		Fax:
Test and Repair			APR 04 2019
Name:			2200
Address:			PSC 30
City:		State:	ZIP Code:
Phone:	Email:	Email: Fax:	

UTILITY REPRESENTATIVE INFORMATION						
Regulatory Officer						
Name & Title: J Anthony Rehak, I	President/Dir	ector				
Address: 27877 Clemens Road						
City: Westlake		State: OH	ZIP Code: 44145			
Phone: 440-892-0300	Email: trehak@4dct.com		Fax: 440-892-2850			
Annual Report Form Mailin	gs					
Name & Title: Amanda Gucich, S	enior Compli	ance Specialist				
Address: 107 W Michigan Ave, 4th	Floor					
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: con	tact@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Dual Party Invoice Mailings						
Name & Title: Amanda Gucich, S	Senior Comp	lance Specialist				
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Universal Service Fund Mailings						
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist				
Address: 107 W Michigan Ave, 4t	h Floor					
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Gross Receipts Mailings						
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist				
Address: 107 W Michigan Ave, 4t	h Floor					
City: Kalamazoo	City: Kalamazoo		ZIP Code: 49007			
Phone: 269-381-8888	Email: contact@nationwlderegulatorycompliance.com Fax: 269-381-4855					
Lifeline Contact						
Name & Title: n/a						
Address:	w					
City:		State:	ZIP Code:			
Phone:	Email: Fax:					

FORM PREPARER INFORMATION					
This form was completed by Amanda Gucich					
Signature:					
Title: Senior Compliance Specialist	Date: 03/21/19				

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201